

Telephone: (951) 684-6684
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Mailing Address: 17130 Van Buren Blvd. #341 Riverside, CA 92504
Physical Address: 5033 Arlington Ave., Suite A, Riverside, CA 92504

CONFIDENTIALITY STATEMENT

All clinical information and records shared by you with Dr. Bergin Family Counseling Services and obtained in the course of treatment shall remain confidential and will not be released except as required by California law under the following conditions:

_____ If there is a reasonable cause to believe that you are in such mental emotional condition as to be a **danger to yourself**, or to the person or property of another;

_____ If you reveal an act of abuse against a **child** or **elderly person**;

_____ If you sign a written release of information allowing for specific information to be provided to or be exchanged with professionals or other regarding your treatment. Signed release of information will be in effect for one (1) year.

I acknowledge that I have read and understood the above information.

Patient's Printed Name: _____ Date: _____

Patient's Signature: _____ Date: _____

Parent/Legal Guardian's Printed Name: _____ Date: _____

Parent/Legal Guardian's Signature: _____ Date: _____

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Therapist's Printed Name: _____

Date: _____

Therapist's Signature: _____

Date: _____